

IN THE DISTRICT COURT FOR THE STATE OF ALASKA
FIRST JUDICIAL DISTRICT AT KETCHIKAN

() STATE OF ALASKA,)
() CITY OF KETCHIKAN,)
Plaintiff,)
v.)
_____,)
Defendant.)
CASE NO. _____ CR

TO: Community Work Service Supervisor

Please complete this form and return it to the court upon completion of community work service by the defendant.

STATEMENT REGARDING COMMUNITY WORK SERVICE

I certify that the above-named defendant has completed:

- ☐ _____ hours of community work service.
☐ no community work service.

Date

Signature

Print Name

Agency

RETURN THIS FORM TO:

Address

Ketchikan Trial Courts
415 Main Street Room 400
Ketchikan, AK 99901

Phone

I certify that on _____
a copy of this statement of work completed
was given to the defendant.

Clerk: _____